

TITLE: The Sverdlovsk Deception

AUTHOR:

(b)(3)(c)

VOLUME: 32 ISSUE: Winter YEAR: 1988

STUDIES IN INTELLIGENCE

A collection of articles on the historical, operational, doctrinal, and theoretical aspects of intelligence.



All statements of fact, opinion or analysis expressed in Studies in Intelligence are those of the authors. They do not necessarily reflect official positions or views of the Central Intelligence Agency or any other US Government entity, past or present. Nothing in the contents should be construed as asserting or implying US Government endorsement of an article's factual statements and interpretations.

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

A biological warfare capability

THE SVERDLOVSK DECEPTION

(b)(3)(c)

In late 1979 and early 1980, the US and other Western countries began to hear rumors from Soviet emigrees that an outbreak of some kind of unusually virulent infectious disease had occurred in the spring of 1979 in the closed city of Sverdlovsk in the north-central Urals. The US Intelligence Community viewed these reports as especially significant because a suspect biological warfare (BW) research, production, and storage facility was located in Sverdlovsk. The identification of this facility was based on information [redacted] (b)(3)(n) as of 1972, the US considered the facility fully operational.

Arms control compliance was a key issue in 1972, when the USSR and many other nations signed a global treaty prohibiting the use, stockpiling, and transfer of biological and toxin weapons. This treaty, the Biological and Toxin Weapons Convention (BWC), went into force in 1975. Although the BWC lacked provisions for verification, there were provisions for consultation among signatories in case of compliance questions. There was also a provision for review of the effectiveness of the BWC every five years, with the first review conference scheduled for mid-March 1980.

Based on intelligence information, the US Government officially requested information from the Soviets on the outbreak in Sverdlovsk in a demarche which cited the BWC as justification. A Soviet Ministry of Foreign Affairs representative responded verbally, and angrily, that the outbreak was due to meat infected with anthrax and that there was no relation to the BWC. He stated that the dates of the outbreak were March-April 1979 and that no quarantine of any kind was established. The US responded by suggesting that qualified experts from each country hold confidential discussions. The Soviets, however, continued to maintain that no BWC issue was involved.

Intelligence Assessment

[redacted] published an assessment of the epidemic [redacted]

(b)(3)(n)

[redacted] The assessment judged that the most likely cause of the anthrax outbreak was the accidental release of airborne anthrax spores from Cantonment 19, the long-suspect BW facility in southern Sverdlovsk. According to some reports, there was an explosion which disseminated the anthrax spores into the air. Credible reporting of autopsy findings indicated there were many cases of inhalation (pulmonary) anthrax. Despite treatment, death resulted within a few hours.

Gastrointestinal anthrax would have resulted from eating infected meat, provided the meat was undercooked. The distinction between these two routes

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

Deception

(b)(3)(n)

of anthrax infection by autopsy findings is usually possible, if death occurs early. Because fatal anthrax eventually becomes a blood stream invasion with seeding of infection into multiple vital organs, a case which has survived long enough for wide organ involvement may be less clear. In the reports on Sverdlovsk, however, the medical professionals were convinced that inhalation anthrax was the correct diagnosis.

(b)(3)(n)

the earliest cases of anthrax occurred in members of the military staff and in dependents from Cantonment 19, adjacent Cantonment 32, and a nearby ceramics factory. All cases were treated after all non-anthrax cases had been transferred and the civilian physician staff had been replaced by military physicians.

(b)(1)

There were rumors that the Defense Minister and the Health Minister visited Sverdlovsk two weeks after the epidemic began, while it was continuing.

(b)(3)(n)

the implementation of unusual medical control measures at Sverdlovsk, including a quarantine and extensive environmental cleanup. In addition, the population was provided with vaccine, prophylactic drugs, and anti-serum. These measures would have been appropriate for an airborne dissemination of spores whose extent was not

Deception~~SECRET~~

(b)(3)(c)

(b)(3)(n)

well defined, but they seemed inappropriate for control of a meat-borne outbreak. A public health problem caused by infected meat would not have prompted military involvement. More important, such a problem would have no implications for compliance with the BWC.

The US believed that the weight of the intelligence evidence indicated that the Soviets had experienced a considerable number of human cases of inhalation anthrax, following an accidental release of virulent anthrax spores. Because virulent anthrax spores are not used for producing either human or animal vaccines (which are allowable peaceful activities under the BWC) and because a fairly large quantity must have been spilled to cause cases over a large area, the worst-case implication was that the USSR had maintained a BW program in violation of the BWC. In addition to the Sverdlovsk episode, considerable evidence had been obtained over many years that pointed to the existence of such a program.

During 1980, several unofficial Soviet statements dealing with the outbreak in 1979 seemed to be aimed at supporting the infected meat explanation. All of the statements, however, were intended to play down the importance of the anthrax outbreak. The sketchy details provided were so inconsistent with the information available [redacted] (b)(3)(n) [redacted] that the US remained skeptical of Soviet explanations and continued to request full information under the provisions of the BWC. This skepticism was not confined to the Intelligence Community; the view was widespread in the US press and the Congress that the USSR was not complying with the BWC.

Soviet Accounts in 1986

(b)(1)
 (b)(3)(n)

Quite similar verbal accounts were presented on 16 and 25 September 1986, during the Second BWC Review Conference. These accounts were startling, because of their level of detail, their differences from previous versions, and the degree with which they were consistent with some facets of the Western perception of the outbreak. It seemed that the Soviets might have

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

Deception

tailored a story which was as consistent as possible with the unclassified information published widely in the US and European press.

The story, however, was still not consistent [redacted] (b)(3)(n)

[redacted] Release of the story obviously was timed to influence global public opinion and to offset the damage of Soviet trustworthiness in arms control treaty compliance issues.

During the BWC Review of 1986, the US continued to request an official Soviet response and made it clear that the verbal briefings on 16 and 25 September 1986 did not constitute an adequate reply. The Soviets were accused of maintaining an offensive BW program in violation of the BWC.

New Information

In April 1988, the Soviets unexpectedly dispatched to the US a briefing team of three scientists whom they said were personally involved with the analysis and control of an anthrax epidemic in 1979 in the city of Sverdlovsk. The Soviets were picking up the pace on chemical warfare treaty negotiations, and the briefing team probably was sent to try to help resolve the Sverdlovsk issue. The team, [redacted] (b)(3)(n) gave talks to academic audiences in Washington, Baltimore, and Boston, and it presented a somewhat embellished version of the contaminated meat story first advanced in 1980 and then extensively detailed in 1986. The four pieces of new information presented by the team, however, did not significantly strengthen the contaminated meat scenario.

First, the Soviets reported that Major General V.I. Agafonov had visited Sverdlovsk, presumably during the epidemic. Later, they admitted that he was a member of the Ministry of Health team from Moscow investigating the epidemic. [redacted] (b)(1)
Agafonov is a senior military and Ministry of Defense [redacted] (b)(3)(n)

[redacted] Agafonov's presence at Sverdlovsk is consistent with intelligence reporting that military personnel were involved in managing the outbreak. (Expertise on anthrax rests with military medical officers in both the Soviet Union and the US.) The Soviets' primary purpose, however, probably was to protect military BW activity.

Second, the Soviets claimed that the carcass of a cow which died of anthrax was found in an abandoned mineshaft near Sverdlovsk. This bit of information was not included in the Soviets' presentations in 1986, but the mineshaft disposal had been mentioned in August 1980 in an article in a Soviet legal review that discussed actions relating to the epidemic. The Soviets evidently took pains to ensure that their account in 1988 was in line as much as possible with all previous accounts, in order to strengthen plausibility.

Third, the Soviets argued that, if the anthrax spores had been spread by airborne dissemination, many children would have been infected. In 1988, they reported that only one child was infected. They explained that, because children ate their meals in schools or nurseries, where only inspected meat was served, they were not exposed to any of the contaminated black-market meat.

Deception~~SECRET~~

(b)(3)(c)

(b)(3)(n)

The Soviet description in 1986 of the outbreak listed one infected six-year-old child, but the rationalization for cases being seen mainly in adults was not advanced at that time. This explanation is weak, because one would expect the children to eat at home in the evenings and on weekends. Therefore, cases of infected children should have occurred in homes with both children and infected meat.

(b)(3)(n)

Fourth, the Soviets presented more clinical and autopsy slides in 1988 than they did previously. The slides showed characteristic lesions of only cutaneous and gastrointestinal anthrax. On a few slides, however, it would not even be possible to determine if they were of human or animal origin. In fact, from the information presented in the slides, almost nothing could be independently traced to its origin.

The paucity of systematic descriptions and full identification of the tissue slides reduced the credibility of the presentation for the audience of medical and academic professionals. It was also surprising that no cultures of the germs from this recordbreaking outbreak were preserved for additional study by interested scientists.

(b)(1)
(b)(3)(n)

Familiar Fabrication

(b)(3)(n)

Reporting of gastrointestinal cases only also provides plausible explanations of some previously unexplained quirks of the Soviet story. For instance, when questioned about the predominance of single male victims, one to a household, the Soviets provided the following explanation at the National Academy of Sciences:

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

~~SECRET~~

(b)(3)(c)

(b)(3)(n)

Deception

"Families sometime purchase black-market meat. In this instance, the meat was contaminated with anthrax. The male head-of-household always receives the largest portion of meat served at a meal."

(b)(3)(n)

This plausibility is offset if the 1988 explanation is compared with the 1986 version, as presented by Dr. Meselson during a briefing at the Department of State. In that version, there was an elaborate discussion of the Russian custom of cooking meat slowly by simmering, which would only partially sterilize the anthrax spores. The claim was made, without citing supporting evidence, that men were more vulnerable to anthrax, because of ulcers or gastritis resulting from alcohol intake.

(b)(1)
(b)(3)(n)

A Poor Performance

The Soviets have badly botched their handling of this story. If, in 1979 or 1980, they had conformed to the generally accepted practice of voluntarily reporting unusual infectious disease outbreaks to the World Health Organization, their credibility would have been much better. By releasing their story in incremental fragments over a nine-year period, while simultaneously refusing official confidential expert review or visits of Sverdlovsk, they have intensified Western suspicions. The obvious selfserving timing of their efforts, first in conjunction with the 1986 BWC Review Conference, and then again just before critical treaty negotiations in 1988, has been quite damaging. The Soviets apparently fear the questions which might result from any visit to Sverdlovsk by international investigators.

Outlook

Barring any new radical disclosures by the Soviets, it is increasingly unlikely that any persuasive new evidence will emerge to resolve the conflict over what actually happened at Sverdlovsk. The US cannot reveal its sensitive intelligence information. If it did, the Soviets would promptly revise their explanation and concoct a plausible story to explain away the damaging details. By not providing an official response to the US, they have kept open their ability to revise their explanation when required for propaganda purposes. The

Deception~~SECRET~~

(b)(3)(c)

(b)(3)(n)

Soviets probably remain confident that, in terms of influencing worldwide public opinion, they can plausibly deny what really happened at Sverdlovsk. Whatever the case, this experience underscores the shortcomings of arms limitations agreements which do not include effective provisions for verification.

~~SECRET~~

(b)(3)(c)

(b)(3)(n)